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CENTRAL INTELLIGENCE AGENCY

INFORMATION REPORT

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SECRET
SECURITY INFORMATION

25X1

COUNTRY	USSR/Germany (Soviet Zone)	REPORT	
SUBJECT	Training and Procedures in Soviet Military Hospitals	DATE DISTR.	26 August 1953
		NO. OF PAGES	9
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PLACE ACQUIRED		REFERENCES	25X1

This is UNEVALUATED Information

THE SOURCE EVALUATIONS IN THIS REPORT ARE DEFINITIVE.
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(FOR KEY SEE REVERSE)

25X1

[redacted]

CORRECTION

An Information Report with the above heading [redacted] 25X1
was issued on 7 May 1953.

It has been determined that the Naval Medical School was transferred to Krasnoyarsk /N56-02, E92-48/, and not to Krasnoyar, in the fall of 1943. Krasnoyar should be changed to Krasnoyarsk each time it appears. It occurs in paragraph 9, page 5, and in the comment on page 7.

25X1

25 YEAR RE-REVIEW

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STATE	##	ARMY	##	NAVY	##	AIR	##	FBI		AEC

(Note: Washington Distribution Indicated By "X"; Field Distribution By "#".)

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1. All Soviet medical officers belonged to a separate Hospital Corps. EM or EW who had graduated from an army medical school as instructors or medical personnel received a special MOS. All medically trained EM and EW were used exclusively as medical personnel. [redacted] no instances where personnel with a medical MOS were put in a line unit or diverted to other duties. There was a shortage of enlisted medical personnel. The Medical Administration which controlled all the medical units of armies and army groups was subordinate to the Ministry of Armed Forces. It was common knowledge that the Medical Administration of the Armed Forces Ministry annually submitted a budget containing plans for the construction and conversion of medical installations.

25X1

25 YEAR RE-REVIEW

25X1

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2. Subordinate to the Medical Administration was the Chief of the Medical Section of the Armies (Nachalnik Sanitarnogo Otdela Armiy), who held the rank of general or colonel. Under the Chief of the Medical Section of the Armies was a Deputy for Evacuation, who was a colonel or lieutenant colonel. The Deputy for Evacuation directed Medical Evacuation Points (Meditsinskiye Evakuatsionnyye Punkty -- MEP). An MEP, which was headed by a lieutenant colonel or major, controlled all transportation of patients within an army, i.e., hospital trains, ambulances, hospital airplanes, and trucks. It also had a commission which determined the disability status of wound cases and demobilized serious wound cases. Under each MEP there were several Field Evacuation Points (Polevyye Evakuatsionnyye Punkty - PEP), usually headed by a major. [redacted] a PEP controlled evacuation of personnel below division level. /See page 8 for a chart showing the subordination of these units./ 25X1

3. In the Soviet Zone of Germany, there were hospitals, polyclinics, blood banks, and dental clinics subordinate to GOFG and to Soviet armies. The polyclinic would make the diagnosis, and the hospital would treat the patients. [redacted] polyclinics and hospitals subordinate to corps or division were called Garrison Polyclinics and Garrison Hospitals. 25X1

   a. There was no peacetime evacuation policy for hospital patients in the Soviet Zone of Germany. A patient remained in the hospital until fit to return to duty, regardless of the time necessary for recuperation, and did not come under an evacuation policy. If incurable, the patient was returned to the USSR for demobilization.

   b. This same policy also applied in the USSR. If a soldier was sick, he was removed to a garrison hospital for treatment until cured. The probable length of a patient's stay in a hospital did not influence his category. 25X1

4. The following number of doctors worked in the various sections of the GOFG Hospital and Polyclinic in Bielitz-Heilstaette [redacted]:

Surgery	3 surgeons and 3 physicians, male, ranging from colonel to captain.
Therapeutic	8 physicians, 6 male and 2 female, ranging from colonel to captain
YD and skin diseases	4 physicians, male, ranging from lieutenant colonel to captain.
Infectious diseases	4 physicians, 3 male and 1 female; /ranks unknown/.
Otolaryngology	2 to 3 physicians, male /ranks unknown/
Eyes	2 to 3 physicians, male /ranks unknown/
Physiotherapeutic	4 physicians, 2 male and 2 female /ranks unknown/
Gynecology and Maternity	4 physicians and 1 male and 1 female lieutenant colonel, and 2 female civilians.
Psychiatry	2 physicians, male, both colonels.
X-ray	5 physicians and 4 male officers /ranks unknown/ and 1 female civilian.

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Dental Clinic	4 male dentists ranging from lieutenant colonel to captain; 1 female civilian dentist, 1 female civilian X-ray technician, and 3 male NCO dental technicians.

In addition, there were about 35 other officers at the Hospital and Polyclinic, including the CO, a colonel in the Medical Corps, and political, supply, pharmacy, and administrative officers. There were about 50 physicians to every 785 patients (which would generally include 60 diagnosis cases, 25 dental patients, and 700 bed patients).

a. Concerning the qualifications necessary in order to hold the post of hospital commander: [redacted] graduation from a five-year Military Medical Academy in Moscow or Leningrad or from a civilian medical university, with 10-15 years of service and administrative and executive ability, was sufficient for assignment as a hospital commander. 25X1

b. In the GOFG Polyclinic and Hospital at Bielitz-Heilstaette, there were about 150 female nurses, of whom about 50 were on duty at one time.

c. The GOFG hospital had single iron beds, the heads of which could be raised. In the therapeutic ward [redacted] single beds with attachments for stacking them in two or three tiers. (The polyclinic had no bed patients, but its facilities were adequate for its diagnostic work. The dental clinic which was subordinate to the polyclinic had no beds for dental cases.) The only special equipment [redacted] for the comfort of casualties were air pillows and oxygen masks. 25X1 25X1

d. In August 1952 [redacted] the Bielitz-Heilstaette GOFG Hospital. During the 24-hour period [redacted] 21 patients were admitted and 20 patients discharged. From conversation with nurses [redacted] this was the average admission and discharge rate. [redacted] the dental clinic had about 25 patients daily and that 50-60 patients were diagnosed daily in the GOFG Bielitz-Heilstaette Polyclinic. 25X1 25X1

5. No dentists or dental technicians were permitted to practice in the USSR or in the Soviet Army without a diploma, which was obtained only on completion of formal university training. For a Doctor of Medicine or Dentistry degree in the USSR, the following schooling was required: completion of a 10-year school (desyatiletka -- a combined elementary and high school); and five years of schooling in a university, institute, or military medical academy. After a total of 15 years the student received his degree. He than had to serve two or three years in distant locations, and only after that could he return to his home town or another town of his choice to work as a physician. There were no private doctors or dentists in the USSR; they were all employed by the various ministries and assigned to hospitals, mines, factories, villages, or kolkhozy.

a. Most dentists in the Soviet Army were commissioned officers, both male and female. In the GOFG Bielitz-Heilstaette Dental Clinic one dentist was a female civilian. Male and female dental technicians and assistants were NCO's or civilians.

b. Complete dental service was available to all Soviet troops, and was free to enlisted personnel. Officers paid for fillings, crowns, and bridges. (Civilians also paid for treatment and materials.) Fillings were of dental cement. Crowns and new teeth were made of rust-free steel but were sometimes of other metal. Sometimes white Faience Porcelain was used for the front side of the bridge, whereas the back and the rear sides were of rust-free steel. [redacted] gold and/or silver could be obtained only in civilian life at a great cost. Some civilians who were allergic to dental cement could get metal fillings at a great cost. 25X1

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c. All military personnel had a dental examination once a year. The annual medical inspection was compulsory, and any recommendation made by the dentist during the inspection was usually carried out. Treatment itself, however, was not compulsory. Troops could be treated anytime they wished.

d. In all military and civilian polyclinics there were dental clinics where patients went for diagnosis and treatment; they were never in military or civilian hospitals for the treatment of bed patients. [redacted] 25X1

6. [redacted] the treatment of wounded during the last war. At the Medical Instructors' School in Bielitz-Heilstaette [redacted] cardboard tags with the following items listed: 25X1

Name of casualty:

Type of wound:

Ability to walk:
or
Method of movement:

(litter, car, or ambulance train)

[redacted] the disposition of the wounded 25X1
in wartime followed a set pattern. Medical personnel organic to regiments and to separate battalions, but assigned to companies and operating in the front lines, would remove the wounded from the front lines and no-man's-land. They would also use specially trained dogs to bring bandages to the wounded. Minor wound cases were treated two to five kilometers behind the front lines at a regimental first aid station until pronounced ready for duty. Major wound cases requiring an operation or two to four weeks of care were removed by litter, ambulance, truck, sedan, or any other available means of transportation, to the division hospital about 10 km. behind the front lines. All wounded were to be tagged with their name, unit, type of wound, treatment administered, and method of transportation. Cases requiring more than one month of hospitalization were sent to a rear-area hospital. No unit permitted litters or blankets to go to the rear. If the wounded were wrapped in blankets and carried on litters to first aid stations, they were then unwrapped and the blankets and litters were returned by the medics to their unit. There was no exchange of blankets or litters.

Soviet troops received three or four hours of first aid instruction basic training. GOFG had a six-month training course for medical NCO's.

7. [redacted] no preventive measures for frostbite or trenchfoot in 25X1
the Soviet forces. Frostbite and trenchfoot were treated in the same manner as first, second, and third degree burns; unguentum (salve from fish fat) or fat-treated bandages were used. The only protective armor issued to Soviet troops was the steel helmet.

8. In treating fractures of long bones, the bones were first set in their normal (pre-fracture) form and then placed in plaster casts. The patient also received injections of chlorcalcium (calcium chloride). Treatment took place in a local station hospital, and not all cases remained hospitalized. The time required for treatment varied, depending on the age and virility of the patient.

a. At the 653d Aviation Maintenance Base a 22-year-old private broke the bone of his upper arm in a fall. He was laid up 27 days in the Neues Lager Hospital near Jueterbog and wore a plaster cast for 27 days. He was released after the cast had been taken off and the bone had healed.

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b. In another case, a private, about 21, tore the sinews in his arm and had his arm in a cast for 21 days. The man was exempted from duties during this period but not hospitalized.

9. Concerning the storage of blood, whole blood in glass or plastic ampules (See page 9) which were placed in metal racks and stored on shelves in electrically refrigerated units in the GOFG Hospital at Bielitz-Heilstaette. 25X1

the ampules were made of glass or plastic; an ampule was about 25 cm. long, 4 to 5 cm. in diameter and contained about 250 cu. cm. of blood. The ampules had graduations marked on the surface (as shown on page 9). acidum lactici (lactic acid) and/or acid citrate dextrose were used as anti-coagulants. lectures at the Naval Medical School in Krasnovar (5628N-5525E) on anti-coagulation methods. 25X1

calcium was removed from the blood according to the method used internationally by medical science. "Physiological liquids" were used as blood substitutes. The army stocked a great deal of whole blood. Every city in the USSR operated blood donor banks and the donors were paid for their blood. The distilled water with salt, which was called "physiological liquid ", was stored in large glass bottles in electric refrigerators. 25X1

10. some chemotherapeutic agents: blood transfusions from a limb to other parts of the body, for instance, as a cure for furuncles (boils); "physiological liquid" containing distilled water mixed with the same amount of sodium chloride as is contained in the human body, used for intravenous injections into patients who lost a lot of blood. Many other agents, such as glucose, were known to the USSR. all such agents and do not know which were used by the Army, all medicine available to other national armies was known to the Soviet Army. 25X1

11. Concerning immunization: after World War II Soviet troops in Germany received "trivaccine", a combined shot for immunization against cholera, typhus, and either dysentery or typhoid "Detrit" was given against smallpox. "Detrit" contained serum taken from infected horses mixed with 40% formaline. Anti-tetanus shots were also given. a "brom preparation" (bromine compound) was given to EM in order to curb sexual desires; do not know in what form it was given to them. with wartime immunizations. In the event of an epidemic, the necessary vaccinations or immunizations were given. The Soviets had a special antidote against "chuma" (pest, plague, black death, bubonic plague). 25X1

12. the following medical supply depots: 25X1

a. A depot in Werder (5223N-1257E) near Potsdam. the 653rd Aviation Maintenance Base, received its medical supplies from this depot. the 24th Air Army that it also furnished food, clothing, and medical supplies to units of the 24th Army. the depot at Werder stocked whole blood, blood substitute, penicillin, streptocid, sulfidin, sulfathiazole, morphine ampules, and litters. these items at the GOFG Hospital and the GOFG Polyclinic in Bielitz-Heilstaette; each hospital and polyclinic in the Soviet Zone carried the above items in stock. the quantities or stock levels of these items. Each soldier was issued a first-aid packet containing a sterile pad and bandage. These were manufactured in the Soviet Zone of Germany. Each unit from company size up had litters issued to it as organic equipment. 25X1

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b. A medical depot for GOFG in Wuensdorf /5209N-1328E/. 25X1 this depot existed.

c. The only other medical depots were one at Simferopol /4485N-3405E/, USSR, and another (location unknown) which serviced the Tauric Military District. 25X1 each military district had a medical depot.

13. medical administrative supply specialists annually figured out a "norm" for consumption of medical supplies. This "norm" was based on the actual per capita consumption by divisions or divisions of troops.

14. Concerning arms authorized for use by medical personnel: all officers in the Medical Corps had TT pistols with 16 rounds of ammunition (two magazines of eight rounds each). The medical EM in the Soviet Zone of Germany were without weapons, but would probably get rifles or PPSh's as well as grenades in wartime.

a. All enlisted medical personnel had received the regular three-month basic training. During their basic they were given familiarization training with Mossin-Nagant carbines and/or PPSh SMG's and they fired approximately five rounds from the carbine and 10 rounds from the SMG. Officers had TT pistols. Between 15 March and 10 November 1952 25X1

b. The army dogs were used for the following purposes: to accompany sentries on lone posts; to guard fences, gates, and supply installations; to bring supplies to the wounded, and help remove them during combat; and to carry messages on the field of battle. there were many canine training schools 25X1 in the USSR

15. how many doctors, dentists, and 25X1 graduate nurses there are in the Soviet Union per 100,000 people, the situation in Kherson /4640N-3235E/, a town of 170,000 inhabitants. There were either three or four hospitals there 25X1 how many nurses were available in any specific area of the USSR. 25X1 there was definitely a shortage of nurses in Soviet villages and farms. It was common for people in rural districts to travel 40-50 km. for a nurse, feldsher, or physician.

16. While medical research in the USSR might not be as far advanced as in the US, nevertheless the USSR followed international progress in medicine; all anti-biotics known to the US 25X1 are also known and probably used in the USSR. Each medical detachment had a table showing what anti-biotics and first aid should be employed for various accidents: for instance, poisoning by coal gas -- antidote, acid drinks; and poisoning by acid -- antidote, alkali. the following anti-biotics used in the Soviet Army: strep-25X1 tomycin, citrinin, actinomycin, biformin, and penicillin. 25X1 the following sulfa drugs: streptocyte, sulfadyne, and sulfathiazole.

17. Neither in World War II nor in peacetime was euthanasia practiced on troops or on hopeless civilian terminal cases. The best physicians were called in to study and treat freak births, cancer, and other hopeless cases, in order to aid the advancement of medicine and to administer medical care.

18. Concerning the Soviet military attitude towards the US military 25X1 hospital system: the US military hospital system, US military medical science was on the same level or ahead of Soviet military medical science.

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1. [redacted] comment. The Naval Medical School at Baku was moved from that location to Vereshchagino (N 58-05, E 54-40) in July 1942, and in November of that year to Krasnoyar (N 56-28, E 55-25).

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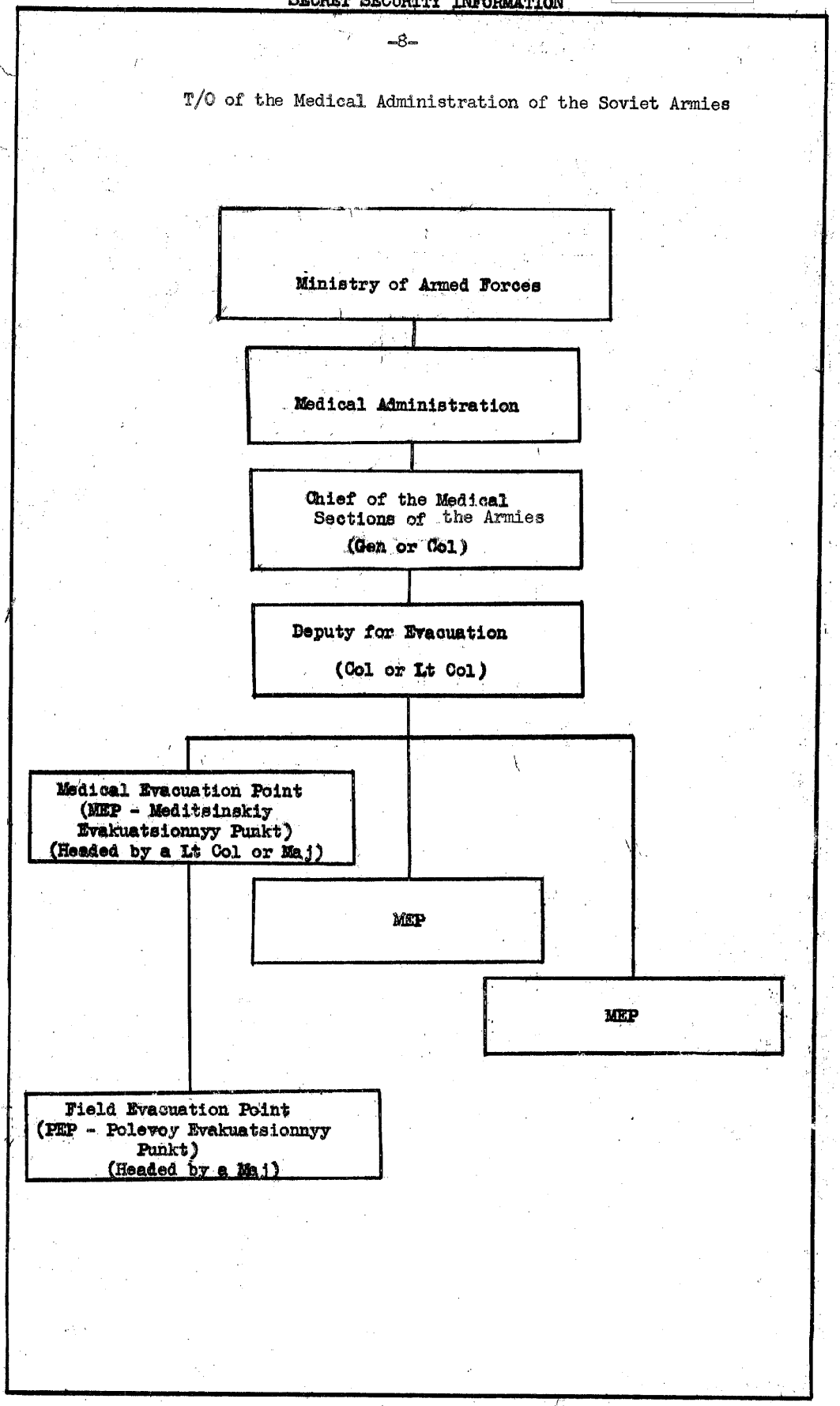
T/O of the Medical Administration of the Soviet Armies


Ministry of Armed Forces
Medical Administration
Chief of the Medical Sections of the Armies (Gen or Col)
Deputy for Evacuation (Col or Lt Col)
Medical Evacuation Point (MEP - Meditsinskiy Evakuatsionnyy Punkt) (Headed by a Lt Col or Maj)
MEP
MEP
Field Evacuation Point (PEP - Polevoy Evakuatsionnyy Punkt) (Headed by a Maj)

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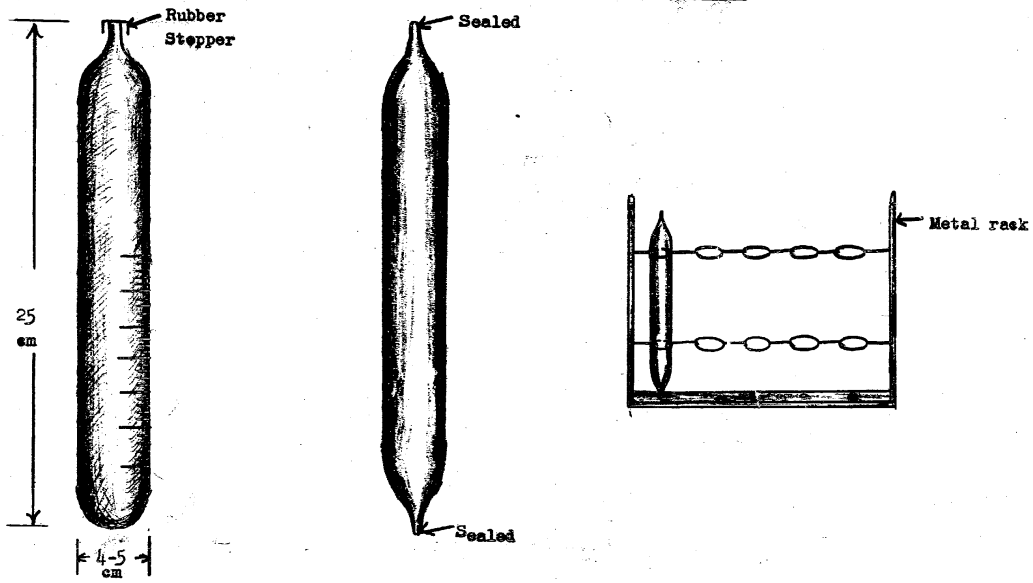
Glass or Plastic Ampules Used for the Storage of Whole Bleed at Soviet Army Hospitals



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